

|  |  |                          |  |          |  |                     |  |                 |  |
|--|--|--------------------------|--|----------|--|---------------------|--|-----------------|--|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> |  | <b>Complete if Known</b> |  |          |  |                     |  |                 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       |  |          |  |                     |  |                 |  |
|  |  | Filing Date              |  |          |  |                     |  |                 |  |
|  |  | First Named Inventor     |  |          |  |                     |  |                 |  |
|  |  | Examiner Name            |  |          |  |                     |  |                 |  |
|  |  | Art Unit                 |  |          |  |                     |  |                 |  |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     |  | 1,115.00 |  | Attorney Docket No. |  | M0765.70044US01 |  |

|   |  |
|---|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input type="checkbox"/> Deposit Account            Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>   |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments                        |  |

| <b>FEE CALCULATION</b>  |                     |   |                 |                       |                                  |                       |                      |
|---|---------------------|---|-----------------|-----------------------|----------------------------------|-----------------------|----------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                 |                       |                                  |                       |                      |
| Application Type  | FILING FEES         |   | SEARCH FEES     |                       | EXAMINATION FEES                 |                       | Fees Paid (\$)       |
|   | Fee (\$)            | Small Entity Fee (\$)                                   | Fee (\$)        | Small Entity Fee (\$) | Fee (\$)                         | Small Entity Fee (\$) |                      |
| Utility   | 310                 | 155   | 510             | 255                   | 210                              | 105                   | _____                |
| Design  | 210                 | 105   | 100             | 50                    | 130                              | 65                    | _____                |
| Plant   | 210                 | 105   | 310             | 155                   | 160                              | 80                    | _____                |
| Reissue   | 310                 | 155   | 510             | 255                   | 620                              | 310                   | _____                |
| Provisional   | 210                 | 105   | 0               | 0                     | 0                                | 0                     | _____                |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                 |                       |                                  |                       |                      |
|   |                     |   |                 |                       |                                  | <b>Small Entity</b>   |                      |
| <b>Fee Description</b>  |                     |   |                 |                       |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>      |
| Each claim over 20 (including Reissues)   |                     |   |                 |                       |                                  | 50                    | 25                   |
| Each independent claim over 3 (including Reissues)  |                     |   |                 |                       |                                  | 210                   | 105                  |
| Multiple dependent claims   |                     |   |                 |                       |                                  | 370                   | 185                  |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |                       |                      |
| _____ - = _____   |                     | x _____   | = _____         |                       | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b> |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                 |                       |                                  |                       |                      |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b>  |                                  |                       |                      |
| _____ - = _____   |                     | x _____   | = _____         |                       |                                  |                       |                      |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                 |                       |                                  |                       |                      |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                 |                       |                                  |                       |                      |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                 |                       |                                  |                       |                      |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b>  |                                  |                       |                      |
| _____ - 100 = _____   | /50 = _____         | (round up to a whole number) x _____                    | = _____         |                       |                                  |                       |                      |
| <b>4. OTHER FEE(S)</b>  |                     |   |                 |                       |                                  |                       |                      |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                 |                       |                                  |                       |                      |
| Other (e.g., late filing surcharge): 2255 Extension for response within fifth month   |                     |   |                 |                       |                                  | 1,115.00              |                      |

|                     |                         |                                   |                   |
|---------------------|-------------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                         |                                   |                   |
| Signature           | /John R. Van Amsterdam/ | Registration No. (Attorney/Agent) | 40,212            |
| Name (Print/Type)   | John R. Van Amsterdam   | Telephone                         | 617.646.8000      |
|                     |                         | Date                              | September 4, 2008 |

|  |                                  |
|--|----------------------------------|
| <b>Certificate of Electronic Filing Under 37 CFR 1.8</b>   |                                  |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |                                  |
| Dated: September 4, 2008   | Signature: /Sylvana Householder/ |